

Chat Box Archive – Evaluation Affinity Group Call 11/29/16

Madhana Pandian: Good afternoon everyone, we will be starting our call today in about five minutes!

Karen Torry Greene: HI everyone!

Michael: Looking through the downloads, the NOMs PDF looks great. I'm planning on letting the front-line staff know about this!

Rebecca Hartman: is this part of your EHR

Winnie Holland: Has this had a negative impact on the relationship with the clients?

Elizabeth Cook (And Wanda Scates): We actually have an improved impact on clients when we do collaborative documentation.

Rebecca Hartman: I agree. our clients are use to this work for our decsion support center, etc.

Sarah Pratt: Don't they still have to enter the info into TRAC? Why not just do it online on the TRAC platform on the SAMHSA website?

Loya Kelso: Did you say that you still need to enter it into TRAC?

Rebecca Hartman: we just put information into TRAC

Lydie Mason: Did your agency previously have a data collection tool? Did you abandon that tool, combine these two, using both?

Emily Lender: Does this become confusing at all when trying to keep track of who has had their H indicators completed? Our evaluation team now I believe keeps the paper copy on hand until its 100% complete and then files.

nyann: Can you export into excel?

Laura: We can't input directly into TRAC because of wireless issues in our building, but I've also struggled with the usefulness of the fillable pdf. Our files are centrally located and the consent form is kept separate from the NOMS.

Rachel Cook: Emily L - that is what I do too. I keep the completed NOMs who still need section H to be filled out, in a folder (in a locked drawer) and then file the completed paper form when it is totally complete.

Sarah Pratt: You can add the Section H later on, after the survey answers.

Emily Lender: Thanks Rachel. Sarah - you can save and go back for section h??

Michael: Emily, it looks like this is a template, so I assume yes, you can save and go back later.

Rachel Cook: Having a paper form is helpful too during data cleaning...it is another safeguard to check back and see the original values written down (specifically for section H) if there looks like there may be a conversion error or something

Sarah Pratt: Yes, we almost never have the Section H data when we are doing the live interview with the client so we add it in later.

nyann: Aaron - any update on possibly uploading data into Trac, versus manual entry?

Emily Lender: No kidding! This whole time I thought you weren't able to do that.

Susannah: I can also see a huge margin of error if provider are directly entering into TRAC and having it go through other staff allows those errors to be caught.

Michael: I think you should just use your consumer ID number to name the file for the particular patient so you know which file to update section H data :)

Sarah Pratt: There is the same risk for data entry errors regardless of who enters it, whether it is live data entry during an interview or data entry that happens after the fact.

Elizabeth Cook (And Wanda Scates): Any word on when Cohort 9 grantees will get access/training on trac?

Santosh: So, we can import data directly into the TRAC? no manual entry needed?

Jeanie Budrus, SHARE Program Beckly WV: We have an evaluation coordinator that enters all project data into TRAC. She assures that there is no missing data and that the data is entered uniformly. She also assures that the appropriate Section H data is entered into TRAC as well. This has kept the program's missing data at a minimum.

Emily Lender: Michael yes that's a good idea, but it may be difficult to remember who remains that needs H indicators. Does that make sense? I wonder what a good work around would be.

Rachel Cook: Santosh - no, it sounds like either way you still do have to do manual entry.

Rebecca Linn-Walton: Not for this grant, but for other programs we enter data directly in. If trained well, staff do not make mistakes, since they cannot lock the assessment until completed and checked.

santosh: ok. TY

Laura: I have a spreadsheet where I keep track of any missing H data.

Michael: Yes! Emily this is EXACTLY what I am struggling with!

Michael: Aaron may have already covered this over the last few affinity calls, but it won't hurt to hae a refresher and ask around

Laura: You will also receive a missing data report from SAMHSA

Emily Lender: A spreadsheet would work perfectly but then again I have about 100 spreadsheets by now.

Emily Lender: Laura is that only quarterly?

Laura: Emily spreadhseets are my life.

Emily Lender: I hear you!

Michael: Does anyone know if anyone OTHER than the project director can have access to the missing data report?

Michael: Currently only our PD gets those emails so he often does not forward them to me with enough time to review

Rachel Cook: Michael, our project director forwards the missing data report to evaluation staff

Deb Freed: The PD can allow others to receive the missing data report.

Michael: Thanks Deb

Laura: I think the project director can request that it goes to other people. I am on the mailing list for it anyway.

Jeanie Budrus, SHARE Program Beckly WV: Our project director also forwards the missing data report to the evaluation team. The evaluation team also receives the report from TRAC.

Laura: Also, it's a monthly report

Michael: Jeanie-I'm logged into TRAC now, but can't see any missing data report...am I missing something?

Jeanie Budrus, SHARE Program Beckly WV: Actually, I think that TRAC sends out a report monthly. I've never been able to access a report through the TRAC system.

Michael: I see. That's my main issue. I guess I will ask my PD to add me to the approved list. Thanks.

Michael: By the way, is this easily done? I'm not sure he will know how to.

Michael: Is it using an online form or does he have to email the GPO, etc.?

santosh: a PD can easily add you to the program as Associate PD, Analyst, etc.

Frank Warren: What is DEARS?

Michael: Thanks everyone.

Emily Lender: We have a similar document but our biggest barrier is tracking the actual access to care.

Wendy Wiggins: Does anyone use something like this for tracking completed referrals? That was my challenge on the quarterly report. seeing if outside referrals were completed

Jeanie Budrus, SHARE Program Beckly WV: Michael I believe if you go onto the TRAC website under My Account and Manage Accounts your project director can assign a user role... if that doesn't work, the TRAC help desk is awesome at helping out.

Emily Lender: Wendy i have a spreadsheet that is actually just a paper copy

Emily Lender: I ask at every team meeting if the appointment was accessed and simply check it off

Sherri Tyree: I missed explanation for DEARS acronym. Can someone fill me in?

Susannah: Our Health Advocates keep Referral logs, so if a client is referred outside of our organization, they collaborate with the case manager and other supportive staff to follow up if the client actually went to their referred appointment or not

Rachel Cook: It's a Motivational Interviewing acronym that basically spells out how to engage/keep people engaged who are on the fence

Becca Sanders: DEARS is out of MI-- will type it out for you in a sec here

Elizabeth Cook (And Wanda Scates):<http://www.smartrecovery.org/resources/UsingMIinSR.pdf> Per a google search

Elizabeth Cook (And Wanda Scates): page 5 has the DEARS acronym

Sherri Tyree: Thanks Elizabeth and Rachel

angela mooss: Cohort 9 - I think it would be helpful to come up with a rubric to use regarding when to discharge a client who is non-responsive versus continuing to re-engage them and not getting them in for a re-assessment on time

Becca Sanders: D= develop discrepancy E= express empathy; A= Amplify Ambivalence R= Roll with Resistance S= Support Self Efficacy-- it's all about what the interaction should look like when people are in various stages of readiness

Emily Lender: I couldn't agree more with the second point. Don't be afraid to ask and ask again if you need clarity. It will save you a lot of time in the long run. Take full advantage of Aaron's offer :)

Lisa Larson: Tip: We have multiple staff conducting NOMS interviews. We found it helpful in the initial stages to develop "super users" / champions to help dispel fears and concerns.

Emily Lender: Graphs showing expectations for what information should be collected when are immensely helpful. I have an example of this if anyone is interested.

Elizabeth Cook (And Wanda Scates): how many consumers are you serving Lisa?

Elizabeth Cook (And Wanda Scates): Emily that would be great. Ecook@egyptian.org

angela mooss: Emily - I am interested in this graph tool

Lisa Larson: Elizabeth - we now have ~90 enrolled.

angela mooss: amooss@bsrinstitute.org

angela mooss: Emily - you may need to share with Aaron - sounds like a great resource

Madhana Pandian: Emily, if you email it to me at madhanap@thenationalcouncil.org, I can share it with everyone on this platform, thanks for your willingness to share today!

Deb Freed: Graph tool here too, please. deb@freedcommunications.com

Michael: Emily Lender, yes, please send to me @ mgutierrez@tarzanatc.org

Emily Lender: I will send it to Madhana, thanks for offering to get it out!

Trusa Grosso: Me as well, please! trusa.grosso@aspireindiana.org

Morgan Dawkins: Please send to me Madhana mdawkins@pathwaystohousingpa.org

Elizabeth Cook (And Wanda Scates): I think we're going to have one person who primarily does NOMS/NOMS entry. Will one person be enough for 125 clients?

rebecca Muller: tool to us too rebmuller@comcast.net

Jeanie Budrus, SHARE Program Beckly WV: Elizabeth, Yes, I believe it is feasible for one person can handle NOMS and NOMS data entry for 125 clients.

Lisa Larson: Tip: We also developed a little flip book of visuals for each scale included on the NOMS (and local eval measure). It's confusing for consumers to be moving back and forth between several different rating scales.

Elizabeth Cook (And Wanda Scates): What's an IRB? :)

Elizabeth Cook (And Wanda Scates): Lisa, can you share the flip book?

Laura: 125 is your total client population? So far I have enrolled 144 by myself, but it depends on what other responsibilities the person has as well. Right now, I am training more people to help, since we want over 500 enrolled eventually (and there is no way one person can do that)

Soumya:@madhana Please send the tool to skavuluri@lakecountyl.gov

Elizabeth Cook (And Wanda Scates):125 is our first year. 500 is our total goal.

Lisa Larson: Elizabeth: Although it may be feasible for one person to handle baseline NOMS for 125 clients. But this is unlikely to be sufficient staffing as time goes on and reassessments build (assuming people remain enrolled.)

Laura: Then I would say no, that is not feasible.

Elizabeth Cook (And Wanda Scates): OK thank you. :)

Rebecca Linn-Walton: I'd also like the tool sent. rlinn-walton@cases.org

Karen Torry Greene: religious diversity and sexual diversity to name two

Lisa Larson: I'll send rating scale visual to Aaron.

santosh: Are you guys using any kind of dashboard to show the health progress in your clients?

Becca Sanders: Yes-- we have a biometric dashboard-- you can get it from Aaron-- he's got it

santosh: TY

Annie Denenberg: What software programs are you using to create your dashboards or other visual reports?

Winnie Holland: Can you please send to Madhana so she can send it out to all of us? Thanks.

Jeanie Budrus, SHARE Program Beckly WV: Our program has enrolled 1030 consumers over the past 4 years. The way our process is set up it the clinic staff (2 people) basically do the baseline and reassessment NOMS. The NOMS are uploaded to a SharePoint website by the clinic staff and then downloaded by the evaluation team and entered into TRAC. Our evaluation coordinator does all of the TRAC data entry for this program. The evaluation team provides the program with a weekly list of reassessments due - this process has worked very well for us.

Becca Sanders: excel-- total wizard of oz stuff. It doesn't actually take that long though...

Annie Denenberg: "oz stuff"?

Laura: I use SPSS and excel for reports. No dashboard yet...

Becca Sanders: Like the analogy of the Wizard of Oz clanking pans behind the curtain. I was just an analogy/ joke reference

Sarah Van Hala: On the e-mail sent out, the BHICA and IPAT were supposed to be due sometime in NOV / DEC

Emily Lender: Annual goals and budget are due at the end of December too!

Winnie Holland: On the listing from Tenly it said November or December and I did not see the exact date but would appreciate clarification. Thanks.

Sarah Van Hala: I have that the annual goals and budget are due NOV 30

Madhana Pandian: We will look into this, and confirm the date of the BHICA and IPAT due date. Sorry for the confusion everyone!

Trusa Grosso: Intro webinar specified Nov 30th

Michael: Aaron--i believe my agency did have a Disp. Impact Statement, but it seemed to summarize the disparities of the area we serve overall. Does this mean we should keep the subpop the same throughout each quarterly report?

Wendy Wiggins: Trusa, for Cohort 8?

Annie Denenberg: Hi, thanks Aaron! I would much appreciate it!

Trusa Grosso: Cohort 9

Frank Warren: Can you make the transcript of the chat box available?

Becky LeBlanc: Thank you!

Annie Denenberg: If you'd you be willing to help with statistical analysis questions, please email me at: anniedenenberg@gmail.com

Joan Kernan 2: Becca Sanders - I remember you from SOC grants! This is a subhead.

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